

92394

238

STATE OF OREGON  
HEALTH DIVISION DEPARTMENT OF HUMAN RESOURCES  
Vital Statistics Section

Vol. M80 Page 21896

## CERTIFICATE OF DEATH

DECEASED—NAME		First		Middle		Last		DATE OF DEATH (month, day, year)	
1 FLORENCE		MARGARET		YOUNG				2 June 7, 1980	
RACE White, Black, American Indian, etc. (specify)		SEX		AGE—Last birthday (years)		Under 1 year		DATE OF BIRTH (month, day, year)	
3 White		4 Female		5a 83		5b mos days		6 August 31, 1896	
COUNTY OF DEATH		CITY, TOWN OR LOCATION OF DEATH		HOSPITAL OR OTHER INSTITUTION—NAME (if not in either give street and number)		IF HOSP OR INST indicate DOA, OP, Emer, Rm, Inpatient (Specify)			
7a Klamath		7b Klamath Falls		7c West Medical Center		7d Inpatient			
STATE OF BIRTH (if not in U.S.A., name country)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify)		SPOUSE (IF MARRIED, WIDOWED)		WAS DECEDENT EVER IN U.S. ARMED FORCES? (Specify Yes or No)	
8 Washington		9 U.S.A.		10 Married		11 Jim Young		12 No	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (give kind of work done during most of working life even if retired)		KIND OF BUSINESS OR INDUSTRY					
13 540-78-3592		14a Homemaker		14b Homemaking					
RESIDENCE—STATE		COUNTY		CITY, TOWN, OR LOCATION		STREET AND NUMBER OR R.F.D. ZIP		Inside City Limits (specify yes or no)	
15a Oregon		15b Klamath		15c Klamath Falls		15d 2215 Wantland Ave.		15e Yes	
FATHER—NAME first middle last		MOTHER—Maiden Name first middle last		INFORMANT—NAME and relationship to deceased					
16 Downing		17 Myrtle Miller		18 Jim Young - Husband					
BURIAL, CREMATION, REMOVAL, MAUS (specify)		CEMETERY OR CREMATORY—NAME		LOCATION city or town state					
19a Burial		19b Eternal Hills Mem. Gardens		19c Klamath Falls, Oregon					
FUNERAL SERVICE LICENSEE Or person Acting As Such (Signature)		NAME AND ADDRESS OF FACILITY		DATE SIGNED (Mo., Day, Yr.)		HOUR OF DEATH			
20a [Signature]		20b WARD'S / 1945 Main / Klamath Falls, Ore. 97601		21b 6-9-80		21c 9:43 P.M.			
To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated		CERTIFIER—NAME AND TITLE (Type or Print)		MAILING ADDRESS (Street, city or town, state, zip)					
21a [Signature]		21d Gerald R. Hartman, M.D. / 206 Med-Dent. Bldg / Klamath Falls, Or 97601		21b					
21c		NAME OF ATTENDING PHYSICIAN IF OTHER THAN CC. (Type or Print)							
21e									
DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)		REGISTRAR							
22a JUN 7 1980		22b [Signature] Marian Ackerman							
PART I IMMEDIATE CAUSE		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]		Interval between onset and death					
(a) Sepsis				1.2 hrs					
(b) Probable pneumonia				2.4 hrs					
(c) Brain tumor + post-op complication				2 wks					
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not related to cause given in PART I (a)		AUTOPSY (Specify Yes or No)		WAS CASE REFERRED TO MEDICAL EXAMINER					
23		24 No		25 No					
ACCIDENT (Specify Yes or No)		DATE OF INJURY (Mo., Day, Yr.)		HOUR OF INJURY		DESCRIBE HOW INJURY OCCURRED			
26a No		26b		26c		26d			
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc (Specify)		LOCATION		STREET OR R.F.D. NO CITY OR TOWN STATE			
26e		26f		26g					
RESERVED FOR REGISTRAR'S USE									

VS-2 Rev-8-78 P-65412

STATE OF OREGON  
County of Klamath

This certifies that the foregoing is a correct and complete transcript of a record of death on file with the Klamath County Department of Health Services.

MARIAN ACKERMAN, Registrar Vital Statistics

(SEAL)

By Marian Ackerman, Deputy Registrar  
Date JUN 30 1980

VOID IF ALTERED

NOT VALID WITHOUT RAISED SEAL OF THE KLAMATH CO. DEPT. OF HEALTH SERVICES  
STATE OF OREGON; COUNTY OF KLAMATH; ss.  
I hereby certify that the within instrument was received and filed for record on the

12th day of November A.D., 1980 at 10:12 O'clock A.M., and duly recorded in

Vol M80 of Deeds on Page 21896

Fee \$ 3.50

WM. B. MILNE, County Clerk  
by Therese A. Feltch deputy